U.S. Department of Labor Office of Labor-Managament Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Raymond B Marvin	Name Intl. Brotherhood of Elec. Workers Local 412		
	Labor Organization File Number 045-080		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 105		
Street 23225 Cox Road	Street 6200 Connecticut		
City Weston	City Kansas City		
State Missouri ZIP Code + 4 64098	State Missouri ZIP Code + 4 64120-1378		
5. Position in labor organization. Business Manager/Financial Sec.			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Kansas City Power & Light	Royals Ballgame ticket		
Trade Name, if any: KCP&I,			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information

ZIP Coce + 4 64141-9679

7.b. Amount.

submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se				
Signed Raymont, B. Marin On 8/12/2005 (816) 231-4530				
/		Date	Telephone Number	

Street

City

Kansas City

State Missouri

P.O. Box, Bldg., Room No., if any PO Box 413679

\$20

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, seding or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organ zation Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City State ZIP Code + 4 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. State ZIP Code + 4

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Handblown glass towl	
Name Peregrine		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 1850		
Street 800 LaSalle Ave		
City Minneapolis		
State Minnesota ZIP Code + 4 55402-2018		
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payrnent	\$125

12.b. Amount.

Part C Continuation Page		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any abor relations consultant to an employer any	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment Chiefs Football game tickets	
Name The Commerce Trust Company	Chiefs Football game cickets	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any PO 419248		
Street		
City Kansas City		
State Missouri ZIP Code + 4 64141-6248		
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of paymen \$212	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	